

***Assessment Planning***

**Project Title**

**Type of Assessment**

e.g., needs, program review, benchmark (includes longitudinal studies), learning outcomes, campus climate

**Connection(s) to the Institutional or Organizational Priorities**

How does this project align with Carolina Next or Student Affairs Strategic Priorities?

**Project Goals**

What is the purpose of the project? What do you want to know? Why is this information important?

**Outcomes**

Each goal should be articulated with measurable outcomes. Goals are broader, inspirational statements whereas outcomes describe what it looks like when progress has been made toward achievement of a goal. Learning outcomes state what a student should know, think or be able to do after engaging in a specific learning opportunity. Program outcomes state what a program intends to achieve, and operational outcomes address targets related to quality, productivity, or satisfaction. For detailed guidance, please view the Basics of Writing Learning Outcomes at <https://studentaffairs.unc.edu/faculty-staff/student-affairs-assessment/assessment-101> or contact blocke@email.unc.edu to schedule a consultation.

**Plan for Data Collection**

Summarize your assessment procedures: What data will you collect and how will it be collected? Use the table to identify specific tasks and procedures.

|  |  |  |  |
| --- | --- | --- | --- |
| Data  | Assessment Technique | Sample/Audience | Person(s) responsible |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add rows as needed

**Plan for Analysis**

Describe how you will analyze the data you collect.

**Potential Decisions/Actions/Recommendations**

One of the primary purposes of good assessment is to improve unit/organizational effectiveness. Please describe how the results of the project may/will be used toward affecting change or improvement.

**Communication Plan**

Describe plans to share findings, actions, and recommendations with campus partners and stakeholders.

**Proposed Timeline for Major Activities (development, administration, analysis, etc.)**

|  |  |  |
| --- | --- | --- |
| Activity | Person Responsible | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

Add rows as needed

**Project Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Department:  |  |
| Email: |  |
| Phone: |  |

**Supplemental Questions: Project Ethics**

|  |  |
| --- | --- |
|  | Yes/No/Unsure |
| Will you be collecting data that could be perceived as sensitive or distressing to your group (e.g., questions about behaviors/attitudes around substance use)? |  |
| Have members of the project competed IRB (CITI training)? |  |
| Are you are using Baseline to collect data for this project?  |  |
| Is the data for this project subject to/currently associated with an IRB approval? |  |
| Will an IRB application be submitted for this project? |  |

**Supplemental Question: Project Review**

Please describe any assistance you think you may need to implement this plan.